



ARTICLE

Leveraging the Magnet Model to Redesign Nursing Work

The Challenge

Although the current nursing shortage has been exacerbated by the COVID-19 pandemic, it was not unexpected. The drivers of the problem are multifactorial and cannot be addressed with a single solution. Staffing and care delivery must go beyond the tactical day-to-day task of matching resources to demand and become a strategic focus. This strategic approach to staffing will require a new way of thinking, model redesign and application of nontraditional financial performance metrics. In this article, we will focus on care model redesign and the role of the nurse in designing a more satisfying and professionally rewarding model of care. We will highlight key components of the Magnet Model which lend a context to support the redesign. The Magnet Model has long been held as the gold standard for nursing practice and provides a framework for enhancing

clinical excellence, improving patient outcomes and implementing an effective and satisfying model for nursing practice.¹ While Magnet is non-prescriptive in either staffing requirements or practice models, the focus on structure, process and outcomes affords hospitals and health systems a framework for innovation and staff engagement.

Care Model Redesign

Care model redesign will require a radical shift in thinking and must be rebuilt with an emphasis on nurses practicing at the top of license. The role of the nurse in a pay-for-performance environment must be fundamentally rethought. Organizations must shift their thinking away from the nurse as a tactician and all-around utility player in favor of positioning nurses as the highly skilled and knowledgeable professionals that they are. Nurses play a

¹ Kelly Hancock. "How to Live the Gold Standard for Nursing Excellence: Cleveland Clinic Best Practices for a Magnet Culture," Cleveland Clinic Consult QD <https://consultqd.clevelandclinic.org/how-to-live-the-gold-standard-for-nursing-excellence/>

unique and essential role in care delivery. Role and care delivery redesign must maximize the value the nurse brings in driving quality and clinical outcomes. This shift to outcomes and value will also necessitate that organizations reevaluate traditional, departmentally focused productivity metrics in favor of alternate metrics such as cost per episode.

While these are incredibly challenging times for nursing, the silver lining is that there is also opportunity. Given the current state of demand for resources outpacing supply, holding steadfast to traditional thinking and conventional staffing models will no doubt increase the stress on hospitals, executives and already overworked and fragile nursing staff.² Given the rate at which nurses are leaving hospitals in favor of other practice settings or leaving the profession entirely, we are faced with the need to significantly redesign care models.³ For any model redesign to be effective and financially sustainable, the focus must be on design that puts nurses at the center of patient care, leading multidisciplinary teams and practicing at the top of their license. We can no longer afford to waste precious nursing resources in assigning tasks that are support-service focused and professionally dissatisfying to the nurse.

Magnet as a Framework for Redesign and Change

The benefits of achieving Magnet designation have been well documented and include greater nurse satisfaction and engagement and higher quality outcomes than non-Magnet organizations.⁴ The five components of the Magnet Model for Nursing areas follows:

- **Transformational Leadership**
Evidences an ability to adjust to changing demands within the healthcare industry by adjusting an organization's behaviors, values and processes when necessary.
- **Structural Empowerment**
Nurses have input and contribute to establishing the standards and processes used in their work.
- **Exemplary Professional Practice**
Nursing practices demonstrate effective patient care and highlight the nursing staff's willingness to dedicate time and work to ensuring each patient receives the necessary care.
- **New Knowledge, Innovation and Improvements**
The nursing organization uses evidence-based practices and research when implementing clinical and operational processes.
- **Empirical Quality Results**
Evidence of solid processes and structures can positively impact the nursing staff, the organization as a whole and the systems of care.⁵

For purposes of this article, we will focus on two components of the Magnet Model: Transformational Leadership and Exemplary Professional Practice.

Transformational leadership challenges nurse executives, as experts in nursing practice, to be innovative in their thinking, influential in advocating for change and inspirational in bringing intradisciplinary teams together to solve contemporary, complex problems. The contemporary intent of Transformational Leadership within the context

² Patrick Boyle. "Hospitals innovate amid dire nursing shortages," American Association Medical Colleges (AAMC). <https://www.aamc.org/news-insights/hospitals-innovate-amid-dire-nursing-shortages>

³ "Hear Us Out Campaign Reports Nurses' COVID-19 Reality," American Association of Critical Care Nurses; September 21, 2021 <https://www.aacn.org/newsroom/hear-us-out-campaign-reports-nurses-covid-19-reality>

⁴ "Magnet Model - Creating a Magnet Culture," American Nurses Credentialing Center (last visited February 4, 2022), <https://www.nursingworld.org/organizational-programs/magnet/magnet-model/>.

⁵ Ibid.

of the Magnet Model challenges nurse executives to move beyond problem solving and fixing broken systems in favor of transformative change⁶. While this is a daunting challenge that will no doubt cause disruption and prompt questions, it is the necessary path forward to preserve excellence in care and enhance professional nursing practice. By way of example, Magnet requires that organizations demonstrate evidence of the Chief Nursing Officers (CNOs) role in leading a strategic organizational change inclusive of nursing and non-nursing departments.⁷ Care delivery model redesign in the pay-for-performance environment is very much a strategic initiative. Considering the constraints of the nursing workforce, judicious use of resources, with a focus on value-added work, is strategic and central to hospitals and health systems in continuing to serve the needs of patients and communities.

An organization which aspires to achieve Magnet designation must demonstrate the role and outcome of nursing leadership's advocacy for resources in support of a need or goal. While past evidence may have focused on increasing the staffing budget, the new advocacy will require an emphasis on model redesign in support of meeting the needs of communities and patients requiring services. This redesign goes well beyond traditional, vertically focused resource allocation and management plans in deference to new models built on intradisciplinary care teams with the nurse as coordinator. It must focus on developing care and staffing models which position nurses to practice at the top of their license and engage collaboratively with ancillary and support staff to deliver timely and efficient care.

At the very heart of the Magnet Model for Nursing is the unrelenting focus on "Exemplary Professional Practice." Organizations with systems, structures and processes in place so that nursing and health system leaders can engage with front-line nursing staff to address problems have demonstrated lower nurse turnover and improved patient outcomes.⁸ This level of staff engagement in complex change is also an important and impactful catalyst for the desired change. The voice of the nurse in partnership with other interdisciplinary colleagues lends to clarity in describing the problem(s) and greater likelihood that the proposed change is both meaningful and sustained.

Bottom Line

As nurse executives continue to be challenged with meeting patient care needs in an era of constrained resources, aspiration to achieve or retain designation as a Magnet Nursing Organization should not be a deterrent for redesigning staffing and care models. Rather, the Magnet Model establishes a fundamental expectation that nurse executives go beyond problem solving and, instead, lead meaningful transformative change. The Magnet Model provides an effective framework for transforming an organization and engaging staff nurses in clarifying problems and having meaningful input into the solution(s). Hospitals and health systems that embrace today's challenges as opportunity and engage their organizations in transforming care delivery will become the model(s) for professional nursing practice.

⁶ Eileen P. Williamson. "Transformational Leadership Fits in the Magnet model," Nurse.com <https://resources.nurse.com/magnet-hospitals-focus-on-magnet-model>

⁷ "2019 Transformational Leadership Criteria for Nursing Excellence," American Nurses Credentialing Center

⁸ Margo Brooks Carthon, et al., "Association of Nurse Engagement and Nurse Staffing on Patient Safety," Journal of Nursing Care Quality 34(1), 40-46 (2019).

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